Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

| CLAIMS AS FILED - PART I<br>(Column 1)   |                   |   |              | (Column 2)  |                                 |                  | MALL EN | OR_        | OTHER THAN R SMALL ENTITY |          |             |                        |
|--|-------------------|---|--------------|-------------|---------------------------------|------------------|---------|------------|---------------------------|----------|-------------|------------------------|
| TOTAL CLAIMS   |                   |   |              |             |                                 |                  | ſ       | RATE       | FEE                       |          | RATE        | FEE                    |
| FOR  |                   |   | NUMBER FILED |             | NUMBER EXTRA                    |                  |         | BASIC FEE  | 370.00                    | OR E     | BASIC FEE   | 740.00                 |
| TOTAL CHARGEABLE CLAIMS  |                   |   | 44 minus 20= |             | *                               |                  |         | X\$ 9=     |                           | OR       | X\$18=      |                        |
|  |                   |   | ıs 3 =       | *           |                                 | İ                | X42=    | -          | OR                        | X84=     |             |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |                   |   |              |             | <del> </del>                    |                  | Ì       | +140=      |                           | OR       | +280=       |                        |
| * If the difference in column 1 is less than zero, ente  |                   |   |              |             | er "0" in co                    | olumn 2          | 1       | TOTAL      |                           | OR       | TOTAL       |                        |
| CLAIMS AS AMENDED - PAR  |                   |   |              |             |                                 |                  |         | 101112     |                           |          | OTHER       |                        |
| ę .  |                   |   |              | ımn 2)      | (Column 3)                      | _                | SMALLE  | ENTITY     | OR                        | SMALL    |             |                        |
| NTA  |                   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NU!<br>PREV | HEST<br>MBER<br>TOUSLY<br>D FOR | PRESENT<br>EXTRA |         | RATE       | ADDI-<br>TIONAL<br>FEE    |          | RATE        | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT  | Total             | *   | Minus        | **          |                                 | =                |         | X\$ 9=     |                           | OR       | X\$18=      |                        |
| MEN  | Independent       | *   | Minus        | ***         |                                 | =                |         | X42=       |                           | OR       | X84=        |                        |
|  | FIRST PRESE       | NTATION OF N                              | MULTIPLE DEP | ENDE        | NT CLAIM                        |                  |         | +140=      |                           | OR       | +280=       |                        |
|  |                   |   | •            |             |                                 |                  | - 4     | TOTAL      |                           | OR       | TOTAL       |                        |
|  |                   |   |              |             |                                 |                  |         | ADDIT. FEE |                           |          | ADDIT. FEE  |                        |
| <b> </b>   | ent of a state of | (Column 1)<br>CLAIMS                      |              |             | umn 2)<br>GHEST                 | (Column 3)       | 1       |            | ADDI-                     | 7        | <b></b>     | ADDI-                  |
| AMENDMENT B  |                   | REMAINING<br>AFTER<br>AMENDMEN            | Γ            | PRE         | JMBER<br>VIOUSLY<br>JD FOR      | PRESENT<br>EXTRA |         | RATE       | TIONAL<br>FEE             | 1        | RATE        | TIONAL<br>FEE          |
|  | Total             | *   | Minus        | **          |                                 | =                |         | X\$ 9=     |                           | OR       | X\$18=      |                        |
| NE N   | Independent       | *   | Minus        | ***         |                                 | =                | 4       | X42=       |                           | OF       | X84=        |                        |
|  | FIRST PRESE       | NTATION OF                                | MULTIPLE DEF | PENDE       | NT CLAIN                        |                  | ١       | +140=      |                           | OF       | +280=       |                        |
|  |                   |   |              |             |                                 |                  |         | TOTAL      |                           | OF       | TOTA        |                        |
|  |                   |   |              |             |                                 |                  |         | ADDIT. FEE | <u> </u>                  |          | ADDIT. FC   |                        |
| <u> </u> _   |                   | (Column 1                                 | )            |             | olumn 2)<br>IGHEST              | (Column 3        | 4       | r          | ADDI-                     | 7        |             | ADDI-                  |
| AMENDMENT C  |                   | REMAINING<br>AFTER<br>AMENDMEN            |              | N<br>PRI    | UMBER<br>EVIOUSLY<br>AID FOR    | PRESENT<br>EXTRA |         | RATE       | TIONAL                    |          | RATE        | TIONA                  |
| N C  | Total             | *   | Minus        | **          |                                 | =                |         | X\$ 9=     |                           | OF       | X\$18=      | :                      |
| N N N  | Independent       | *   | Minus        | ***         |                                 | =                | 4       | X42=       |                           | OI       | R X84=      |                        |
|  | FIRST PRES        | ENTATION OF                               | MULTIPLE DE  | PEND        | ENT CLAI                        | М                | ٢       | +140=      |                           | OF       | +280        | =                      |
| TOTAL  |                   |   |              |             |                                 |                  |         |            | ` <u> </u>                | AL       |             |                        |
| ** If the "Highest Number Previously Paid For IN THIS SPACE is less than 2 order." ADDIT. FEE  |                   |   |              |             |                                 |                  |         |            | لبي                       | ADDII. I | EE <b>L</b> |                        |
| ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter 3.  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                   |   |              |             |                                 |                  |         |            |                           |          |             |                        |

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Effective October 1, 2000

| CLAIMS AS FILED - PART I  (Column 1) (Column 2)  |  |   |                                      |              |                                 |                  |              | SMALL ENTITY TYPE   |                        |         | OTHER THAN OR SMALL ENTITY |                        |  |
|--|--|---|--------------------------------------|--------------|---------------------------------|------------------|--------------|---------------------|------------------------|---------|----------------------------|------------------------|--|
| TOTAL CLAIMS   |  |   | (COIDINITY)                          |              | (Column 2)                      |                  |              |                     | FEE                    | 0H<br>1 |                            |                        |  |
|  |  |   |                                      |              |                                 |                  |              | RATE                |                        |         | RATE                       | FEE                    |  |
| FOR  |  |   | NUMBER FILED                         |              | NUMBI                           | ER EXTRA         | 1            | BASIC FEE           | 355.00                 | OR      | BASIC FEE                  | 710.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | 44 min                               | us 20=       | . 91                            |                  |              | X\$ 9=              | کالی                   | OR      | X\$18=                     |                        |  |
|  | EPENDENT CL                                    |   |                                      | nus 3 =      |                                 |                  | ↓            | X40=                | 40                     | OR      | X80=                       | •                      |  |
| MU   | LTIPLE DEPENI                                  | DENT CLAIM PI                             | RESENT                               |              | . <u>-</u>                      |                  | ]            | +135=               |                        | OR      | +270=                      |                        |  |
| * If   | the difference                                 | in column 1 is                            | ess than zero, enter "0" in column 2 |              |                                 |                  |              | TOTAL               | 611                    | OR      | TOTAL                      |                        |  |
| CLAIMS AS AMENDED - PART II  |  |   |                                      |              |                                 |                  |              |                     |                        | -       | OTHER                      |                        |  |
|  | (Column 1) (Column 2) (Column 3)               |   |                                      |              |                                 |                  | 3)           | SMALL               | ENTITY                 | OR      | OR SMALL ENTITY            |                        |  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | NUM<br>PREVI | HEST<br>IBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA |              | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
| NDW  | Total  | ·Same                                     | Minus                                | **           |                                 | =                |              | X\$ 9=              |                        | OR      | X\$18=                     | :                      |  |
| AME  | Independent                                    | NTATION OF M                              | Minus                                | ***          | T CL AINA                       | =                | 4            | X40=                |                        | OR      | X80=                       |                        |  |
| ┞  | FIRST PRESE                                    | NIATION OF MI                             | OLTIPLE DEF                          | ENDEN        | T CLAIIVI                       |                  | _            | +135=               |                        | OR      | +270=                      |                        |  |
|  |  | •   |                                      |              |                                 |                  | İ            | TOTAL               |                        | OR      | TOTAL                      |                        |  |
|  | (Column 1) (Column 2) (Column 3)               |   |                                      |              |                                 |                  |              | ADDIT. FEE          | <u> </u>               |         | ADDIT. FEE                 |                        |  |
|  |  | (Column 1)<br>CLAIMS                      |                                      | HIG          | HEST                            | T COIGINIT S     | <b>"</b> ] ı |                     | ADDI-                  | 1 1     |                            | ADDI-                  |  |
| AMENDMENT B  |  | REMAINING<br>AFTER<br>AMENDMENT           |                                      | PREV         | MBER<br>OUSLY<br>FOR            | PRESENT<br>EXTRA | ·            | RATE                | TIONAL                 |         | RATE                       | TIONAL<br>FEE          |  |
| P P P  | Total  | *   | Minus                                | **           | 1                               | ≓                |              | X\$ 9=              |                        | OR      | X\$18=                     |                        |  |
|  | Independent                                    | *   | Minus                                | ***          |                                 | =                |              | X40=                |                        |         | X80=                       |                        |  |
| ٩  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                      |              |                                 |                  |              | 7,40=               |                        | OR      |                            |                        |  |
|  |  |   |                                      |              |                                 |                  |              | +135=               |                        | OR      | +270=                      |                        |  |
|  |  |   |                                      |              |                                 |                  | '            | TOTAL<br>ADDIT. FEE |                        | OR      | TOTAL<br>ADDIT. FEE        |                        |  |
|  |  | (Column 1)                                |                                      | (Colu        | ımn 2)                          | (Column 3        |              |                     |                        |         |                            |                        |  |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | *                                    | NUN<br>PREV  | HEST<br>MBER<br>IOUSLY<br>) FOR | PRESENT<br>EXTRA |              | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus                                | **           |                                 | =                |              | X\$ 9=              |                        | OR      | X\$18=                     |                        |  |
|  | Independent                                    | *   | Minus -                              | ***          |                                 | =                | 7            | X40=                | -                      |         | X80=                       |                        |  |
| ₹  | FIRST PRESE                                    | NTATION OF M                              | IULTIPLE DEI                         | PENDEN       | T CLAIM                         |                  | ]            |                     |                        | OR      |                            | <b></b>                |  |
|  |  |   |                                      |              |                                 |                  |              | +135=               |                        | OR      | +270=                      |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |  |   |                                      |              |                                 |                  |              |                     |                        |         |                            |                        |  |
| 1. "   |  | imber Previously P<br>-har Braviously Po  |                                      |              |                                 |                  |              | and in the an       | oropriato bo           | v in co | lumo 1                     |                        |  |